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Bib Data Sheet

CONFIRMATION NO. 4865

<b>SERIAL NUMBER</b> 09/865,785	<b>FILING DATE</b> 05/25/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 07039-129002
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**APPLICANTS**

Jens Ponikau, Rochester, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 09/177,273 10/22/1998; Pat No. 6,291,500  
WHICH CLAIMS BENEFIT OF 60/086,397 05/22/1998  
AND CLAIMS BENEFIT OF 60/083,272 04/28/1998  
AND CLAIMS BENEFIT OF 60/063,418 10/28/1997  
AND CLAIMS BENEFIT OF 60/063,414 10/28/1997  
AND CLAIMS BENEFIT OF 60/062,709 10/22/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 06/12/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>W. W. W. K. W.</u> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Methods and materials for treating and preventing inflammation of mucosal tissue

<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit